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Sexual violence against children and adolescents in South Africa: making the invisible visible



Enshrined in the United Nations (UN) Convention on the Rights of the Child (CRC) is every child's right to protection from violence and harm. Although 196 of the 197 UN member states are signatories to the CRC (the USA is the exception), more than 1 billion children experience violence each year.¹ However, there is good news—the elimination of violence in childhood now features prominently in the UN Sustainable Development Goals. The newly formed Global Partnership to End Violence Against Children brings together a diverse range of stakeholders committed to eradicating violence against children, and is focusing resources to facilitate change.

Despite this increased attention, only in the past decade or so have rigorous nationally representative studies been published on the prevalence of sexual abuse and other forms of violence against children across a range of countries.^{1–3} In this issue, Catherine Ward and colleagues⁴ contribute to this nascent literature by reporting on the prevalence of sexual abuse among children and adolescents in South Africa. Their rigorous and well presented nationally representative cross-sectional study illuminates a high prevalence of lifetime experience of sexual violence, with 9.99% of boys and 14.61% of girls aged 15–17 reporting experience of non-contact or contact sexual abuse.

Ward and colleagues make a further important methodological advance—they show that prevalence estimates are higher via a school-based survey, which allowed for passive parental consent, than via a household-based survey, which required active parental consent. In both home-based and school-based surveys, self-completed questionnaires that enabled the anonymous disclosure of abuse yielded higher prevalence estimates than interviewer-administered questionnaires.

What does this mean for the field of child abuse research? As Ward and colleagues' findings suggest, methods matter. Ward and colleagues⁴ and others,⁵ highlight differences in male and female adolescents' willingness to report sexual violence. In particular, boys seem to be more likely to disclose experience of sexual violence when they are afforded an anonymous method of disclosure than if they are interviewed face to face. This finding suggests that widely used face-to-face interview

methods risk systematically underestimating the levels of sexual violence experienced by boys. Ward and colleagues also had higher rates of disclosure in their school-based survey, which required only passive parental consent, than in their household-based survey. Not requiring active parental consent is likely to enable the participation of more children who are vulnerable and marginalised, which could give more accurate prevalence estimates. Notably, the estimates from this study are substantially lower than those from the Violence Against Children Surveys (VACS) in other sub-Saharan African countries.^{6,7} Direct comparison of methods is not possible since no VACS have been held in South Africa, but this wide variation does raise the question of whether part of the difference in prevalence could be due to the methods used.

Regardless of methods, policy makers in South Africa, and other countries with similar surveys, will want to act to reduce the prevalence of sexual violence. But do researchers have enough information to advise on how to achieve this goal effectively? We would argue that designing effective prevention programmes requires a nuanced understanding of the patterns of exposure to violence by age, sex, and, importantly, by perpetrator.³ Furthermore, an understanding of the risk and protective factors for these different forms of abuse is needed. Yet, in many settings, this basic information is still missing. When considering the causes of violence, we must remember that different groups of perpetrators and victims exist who might not all be reached equally by targeted prevention and response strategies, and who might not benefit equally from universal prevention and response strategies.

Ward and colleagues provide some information on perpetration. Girls and boys are experiencing contact sexual abuse, rape, and other non-consensual acts mainly from adult perpetrators, followed by other children. Looking at patterns of past-year experience of abuse, as a proportion, we can see that the share of abuse from other children increases; although, a substantial proportion of girls are also experiencing sexual violence from adults. These findings have implications for prevention—eg, in this sample, this finding implies that many perpetrators of recent sexual violence are likely to be at school with

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For The Global Partnership to End Violence Against Children website see <http://www.end-violence.org/>

the survey respondents. Schools, therefore, could be good places to deliver prevention programmes. However, many sexual violence prevention programmes based in schools have little evidence of effectiveness,⁸ although some promising examples do exist.⁹ For girls, patterns of perpetration also imply that sexual violence will not be fully addressed unless perpetration by adult men is addressed. Some of these adult men are likely to be teachers,¹⁰ but others are probably not in schools; for this group, different strategies are likely to be needed.

We commend Ward and colleagues for their efforts to make visible what is often a hidden issue, and congratulate them for a well conducted study. We call on others in the field to push our collective research agenda further; to gather more basic epidemiological information on sexual and other pervasive forms of violence, to systematically explore how differences in methodology affect prevalence estimates, to further develop and rigorously test interventions to address forms of violence from different perpetrators, and to assist and work with governments and civil society organisations to implement and test the effectiveness of different prevention strategies at scale. A concerted effort is needed to eliminate violence in childhood.

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- 1 Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics* 2016; **137**: e20154079.
- 2 Stoltenborgh M, van Ijzendoorn MH, Euser EM, Bakermans-Kranenburg MJ. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment* 2011; **16**: 79–101.
- 3 Devries K, Knight L, Petzold M, et al. Who perpetrates violence against children? A systematic analysis of age and sex specific data. *BMJ Pediatrics* 2018; **2**: e000180.
- 4 Ward CL, Artz L, Leoschut L, Kassanjee R, Burton P. Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates. *Lancet Glob Health* 2018; **6**: e460–68.
- 5 Barr AL, Knight L, França-Junior I, Allen E, Naker D, Devries KM. Methods to increase reporting of childhood sexual abuse in surveys: the sensitivity and specificity of face-to-face interviews versus a sealed envelope method in Ugandan primary school children. *BMC Int Health Hum Rights* 2017; **7**: 4.
- 6 United Nations Children's Fund Kenya Country Office, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics. Violence against children in Kenya: findings from a 2010 National Survey. Nairobi: United Nations Children's Fund (UNICEF) Kenya Country Office, 2012.
- 7 United Nations Children's Fund, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences. Violence against children in Tanzania: findings from a national survey, 2009. Dar es Salaam: United Republic of Tanzania, 2011.
- 8 Walsh K, Zwi K, Woolfenden S, Shlonsky A. School-based education programmes for the prevention of child sexual abuse. *Cochrane Database Syst Rev* 2015; **4**: CD004380.
- 9 Sarnquist C, Omondi B, Sinclair J, et al. Rape prevention through empowerment of adolescent girls. *Pediatrics* 2014; **133**: e1226–32.
- 10 Jewkes R, Levin J, Mbananga N, Bradshaw D. Rape of girls in South Africa. *Lancet* 2002; **359**: 319–20.